

# Application for a Permit to Operate

Complete all items that apply to your establishment (all applicants must complete Sections A, B, G and H), sign on the back page and return with the appropriate fee at least 30 days prior to the expected opening date to:

*See Instructions (DOH-3915i) or contact the local health department that issued your permit if you have any questions.*

## Section A: Facility Information (Entire section must be completed by all applicants.)

Facility name \_\_\_\_\_

Facility address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. ( ) \_\_\_\_\_

Municipality \_\_\_\_\_ T V C Capacity \_\_\_\_\_ Facility Status ☐ Profit ☐ Non-profit

Facility Type \_\_\_\_\_

### Water Supply

- ☐ Public (municipal)  
☐ Private (onsite)

### Sewage System

- ☐ Public (municipal)  
☐ Private (onsite)

### Number of operation(s) under this registration

- ☐ Indoor Pools ☐ Bathing Beaches  
☐ Outdoor Pools ☐ Food Service  
☐ Spa Pools ☐ Frozen Dessert  
☐ Day Camps

Indicate days of operation by checking the appropriate boxes.

Expected opening date \_\_\_\_\_ Expected closing date \_\_\_\_\_  
Month/Day Month/Day S M T W T F S  
Hours of operation \_\_\_\_\_ AM \_\_\_\_\_ AM  
PM \_\_\_\_\_ PM  
Open Close

## Section B: Operator/Owner Information (Entire section must be completed by all applicants.)

Legal operator or operating corporation \_\_\_\_\_

(If corporation or partnership, Section F must be completed.)

Person in charge \_\_\_\_\_

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone no. ( ) \_\_\_\_\_

Employer Identification Number \_\_\_\_\_ OR Social Security Number \_\_\_\_\_

Owner \_\_\_\_\_

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. ( ) \_\_\_\_\_

**Section C: Complete for temporary food service establishments only (attach additional sheets as necessary).**

Name and location of event \_\_\_\_\_

Name of food \_\_\_\_\_ Supplier of ingredients \_\_\_\_\_ Where and how foods will be prepared and served \_\_\_\_\_


**Section D: Complete for mobile food service establishments or pushcarts only.**

Type of Vehicle ☐ Motorized ☐ Pushcart ☐ Other (specify) \_\_\_\_\_

Motor vehicle license no. (for motorized vehicles) 

--	--	--	--	--	--	--	--	--	--

Commissary name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. ( ) \_\_\_\_\_

List on separate sheet types of food and beverages served.

**Section E: Food and beverage machines only. Attach a list of all machine locations and food dispensed.**

**Section F: Partners and Corporate Officers**

List all partners and corporate officers in the operation of the facility. Include vice president(s), secretary, treasurer. Attach DOH-2135 (or additional sheets) as necessary.

Name	Title	Address	Telephone No.
			( )
			( )
			( )
			( )

**Section G: Workers' Compensation and Disability Insurance (All applicants must complete this section.)**

This is to certify, under penalties of perjury, that

(A) the operation described in this application has Workers' Compensation and disability insurance as identified below:

Workers' Compensation carrier \_\_\_\_\_ Policy no. \_\_\_\_\_ Expiration date 

--	--	--	--	--	--

Disability benefits carrier \_\_\_\_\_ Policy no. \_\_\_\_\_ Expiration date 

--	--	--	--	--	--

OR

(B) ☐ a representative of Workers' Compensation Board has endorsed form C-105.21 stating that such coverage is not required.

**Section H: Signature (Entire section must be completed by all applicants)**

**FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW**

**Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.**

Signature of individual operator or authorized official \_\_\_\_\_

Print name of person signing \_\_\_\_\_ Title \_\_\_\_\_

**Section I: FOR OFFICE USE ONLY**

Permit issuance recommended? ☐ Yes ☐ No Permit Effective Date 

--	--	--	--	--	--

 Permit Expiration Date 

--	--	--	--	--	--

Conditions of approval \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_